



## ACKNOWLEDGEMENT OF NOTIFICATION OF

### HAZARDOUS WASTE ACTIVITY

09/14/98

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

<b>EPA I.D. NUMBER →</b>	<b>NJR000025544</b>
<b>INSTALLATION NAME →</b>	<b>INTERNATIONAL AROMATICS INC</b>
<b>INSTALLATION ADDRESS →</b>	<b>200 ANDERSON AVE MOONACHIE, NJ 07074</b>
<b>MAILING ADDRESS →</b>	<b>200 ANDERSON AVE MOONACHIE, NJ 07074</b>

EPA Form 8700-12AB (4-80)

**UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION 2  
290 BROADWAY, 22<sup>nd</sup> Floor  
NEW YORK, NEW YORK 10007-1866**

**ATTN: DIV OF ENVIRON PLANNING & PROTECTION  
RCRA PROGRAMS BRANCH**

**TO: MASTRO, HENRY  
VP OPERATIONS  
200 ANDERSON AVE  
MOONACHIE, NJ 07074**



Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only) 08/08/98

HAZARDOUS & SOLID WASTE PROGRAMS BRANCH

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification

B. Subsequent Notification  
(complete item C)

C. Installation's EPA ID Number

NJR0000025544

## II. Name of Installation (Include company and specific site name)

INTERNATIONAL AROMATICS INC

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

200 ANDERSON AVENUE

Street (continued)

City or Town

MOONACHIE

State

ZIP Code

NJ 07074 -

County Code

County Name

BERGEN

## IV. Installation Mailing Address (See instructions)

Street or P.O. Box

200 ANDERSON AVE

City or Town

MOONACHIE

State

ZIP Code

NJ 07074 -

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

MASTRO

(first)

HENRY

Job Title

VP - OPERATIONS

Phone Number (area code and number)

201 - 964 - 0900

## VI. Installation Contact Address (See instructions)

A. Contact Address  
Location Mailing

B. Street or P.O. Box

200 ANDERSON AVE

City or Town

MOONACHIE

State

ZIP Code

NJ 07074 -

## VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

GERARDI + ASSOCIATES LLC

Street, P.O. Box, or Route Number

1 HOLBROOK COURT

City or Town

TOWACO

State

ZIP Code

NJ 07082 -

Phone Number (area code and number)

973 - 402 - 8712

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)

Yes

No

Month

Day

Year



01

08

98



ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

## A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☒ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify \_\_\_\_\_
3. Treater, Storer, Disposer (at installation)  
Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

## B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification
- ☐

## IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒
2. Corrosive (D002) ☐
3. Reactive (D003) ☐
4. Toxicity Characteristic (D000) ☐
- (List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))
- ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
D 0 0 1					
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

## X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature



Name and Official Title (type or print)

HENRY MASTRO - VP OPERATIONS

Date Signed

9-3-98

## XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)